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Docs Ensure Seabees Are Fit to Work

By Journalist 1st Class (DV) Robert Palomares, Naval
Mobile Construction Battalion 26 Public Affairs

ROTA, Spain - Everything from dispensing aspirin to minor surgery is offered to Seabees of Naval Mobile Construction Battalion (NMCB) 26 to keep them fit and on the job.

The nine members of the Camp Mitchell Battalion Medical Aid Station, headed by Lt. Cmdr. Blaine Powell and Physicians Assistant Lt. Joel Coots, work around the clock to provide routine and emergency care to Reserve Seabees deployed with NMCB-26 in support of Operations Enduring Freedom and Noble Eagle.

"We see about 40 patients a day, including morning sick call," said Hospital Corpsman 1st Class Christopher Priest, the clinic's leading petty officer. "We do minor surgery, such as cyst and mole removal, IVs, blood drawing and immunizations. We also treat colds, diarrhea and sunburn."

Sunburn is common, because the Seabees working in southern Spain spend most of their time outdoors working in remote areas, added Priest.

The clinic also works closely with Naval Hospital Rota for more extensive services, such as x-rays, orthopedics, major surgeries and drug prescription appointments.

"One of the most common ailments suffered by Seabees here is dehydration," said Hospital Corpsman 1st Class Joseph Burmeister. "Seabees just don't drink enough water. That's important when you're doing hard work outside. We're trying to pound that into everyone's head. This may not be the desert, but we're pretty close to it. And if you don't drink enough water, it could lead to more serious situations, like heat stroke and even kidney stones."

All of the corpsmen working at the clinic are qualified in Basic Cardiac Life Support and some in the Advanced Cardiac Life Support.

Corpsmen not only work at the clinic, but also follow Seabees where they work and train. An ambulance and medical personnel travel to weapons training exercises and remote job sites, just in case an accident occurs and medical help is not close by.

In addition, one corpsman provides CPR and Basic First Aid training to Seabees.

The 500 Seabees at Camp Mitchell, the Seabee compound on Naval Station Rota, are in good hands with this crew, said Powell. "With this talented staff, we can provide the best care possible."

These docs also are proficient in small arms fire and other battlefield training, just as Seabees are. "Just as Seabees are trained to defend the work they do, we have to be trained to defend our patients on the battlefield," said Powell.

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NNMC Enters Next Generation With Robotic Pharmacists
By Operations Specialist 2nd Class Wendy Kahn, National
Naval Medical Center Public Affairs

BETHESDA, Md. - National Naval Medical Center's (NNMC) pharmacy has implemented an automated system for processing prescriptions, which has doubled productivity and improved patient safety.

This new technology guides the pharmacist or corpsman at each step in the prescription filling process to minimize human intervention and reduce errors.

"NNMC became the prototype for the robotic system," says Lt. Philip Siebigteroth, Medical Service Corps, staff pharmacist and division officer. "Before acquiring the system, pharmacists and corpsmen were filling between 500 to 600 prescriptions a day. The output has nearly doubled under the new system."

The automated system is more efficient, because all prescriptions have bar code labels, according to Hospital Corpsman 2nd Class Jeannine Aubin, leading petty officer of the robotic automation refill area. She says the chance of mistakes occurring with the system is significantly reduced.

However, robotic automation is just one element of a new way to prepare prescriptions. According to Cmdr. William Blanche, Medical Service Corps, assistant director for administration, software is the critical element in ensuring patient safety in the pharmacy. It ties together both new and refill prescription processing, utilizing touch screens, digital counting scales and robotics.

The entire system uses bar code technology to check

the activity. Unlike most pharmacies, which print the prescription labels first, the system only prints labels after the correct drug and dosage have been verified and is in hand.

The pharmacy has two robots and each one can fill about 120 prescriptions in an hour. The robots have the ability to fill in two hours what a busy pharmacist in a community drug store can fill in one day. With the system, the pharmacy can process nearly 3,000 prescriptions each day.

The prescription process begins when patients call or e-mail the pharmacy. The prescriptions are input into the Combined Healthcare Computer System (CHCS), and a printout is generated listing the medications and their side effects.

Afterward, using the bar code of each medication, the robot will then fill the prescription. If the prescription is not located in the robotic system, the pharmacist or corpsman will manually fill it. Once completed, the bottle is scanned as it comes out of the robot and put into a packing basket. Each basket holds medications for one patient.

The pharmacist then matches the medication bottle with the screen's picture and reads the label on the vial to verify the doctor's written prescription. If the medication is located in an automated counting device, the software automatically counts the medication. For those medications not in counting devices, the technician or pharmacist scans the manufacturer's drug bar code to confirm that the correct medication has been selected.

If correct, a blue screen appears and a prescription label is printed. A red screen indicates the wrong medication was selected and warns the technician of a possible error. When the correct medication is identified by the system, a prescription label is printed.

To further ensure patients receive their proper medication, the pharmacist scans the bar code printed on the prescription label for final verification. The software then retrieves all information necessary for that prescription. A picture of the prescription is included in the check if written by a civilian physician, and a picture of what the capsule or tablet should look like.

Finally, the pharmacist will scan his or her personal bar code to determine that the prescription has been checked. Once filled, the prescriptions are placed in a bag and stapled. A bag tag is printed with the patient's name, social security number and destination (drive-through pharmacy, clinic, etc.).

Although the robotic system is more efficient and eliminates the potential for human error, Blanche emphasizes that robots do not replace the thinking

ability, judgment or experience of the physician, pharmacist or technician. The system guarantees the patient will receive the proper medication, as ordered by the physician.

"It's all about patient safety," says Blanche. "Errors are easier to recognize with the system, because a red warning message flashes on the screen. The pharmacy serves nearly 900 patients each day, with medical errors being reduced by 80 percent."

Of his robotic system, Siebigteroth says he is proud to use such state-of-the-art equipment. He believes it will reduce patient waiting time in the future through better utilization of human resources.

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U.S. Naval Officer Saves a Life in Yokohama

By Bill Doughty, U. S. Naval Hospital, Yokosuka Public Affairs

YOKOSUKA, Japan - Lt. Lars Krusholm, Medical Service Corps, a physical therapist at U.S. Naval Hospital, Yokosuka, Japan, was enjoying a day in Yokohama, Japan recently with friend Ms. Takako Okamoto, an administrative specialist at Branch Medical Clinic Atsugi. On the train station platform, they came across a middle age Japanese businessman who had collapsed. No breathing. No pulse.

Krusholm asked Okamoto to get help and immediately turned his attention to the pale, unconscious victim. Several Japanese bystanders also assisted.

"I gave him chest compressions and mouth-to-mouth for about 10 minutes," said Krusholm, "and by the time the ambulance arrived, another Japanese woman and I were doing two-man CPR on him. We got him breathing again and he was taken away on a stretcher."

The patient was rushed to a Japanese hospital where he made a full recovery.

The Yokohama Fire Department, joined by officials from the Keihin-Kyuko train company, presented letters and certificates of appreciation to all of the responders, American and Japanese, thanking each of the lifesavers for their quick and decisive action.

According to Fire Marshall Tadashi Sugimoto, "We really appreciate the fact that a U.S. military service member saved a Japanese man's life...but in our jobs, we don't consider someone's nationality. Our duty is to help people who need assistance regardless of their nationality."

Cmdr Bess McAndrew, Medical Service Corps, officer-in-charge of Branch Medical Clinic Atsugi, attended the ceremony and reflected on Krusholm's actions.

"To those who were there as passersby, I think they might see people caring about other people - without regard to heritage. Maybe next time they see an

American, this incident will have helped them formulate a positive image of our nation and of our nations working together," she said.

McAndrew noted that Basic Life Support (BLS) training - mandatory for all service members at the Yokosuka hospital and its branch clinics - made a difference.

"BLS and other basic first responder training saved this man's life," she said. "Add to that some people who were willing to take a risk. This training provided the tools, and the people added the courage. This is a winning combination."

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LF CARAT Medical, Dental Teams Tour Rural Thailand
By Gunner's Mate 1st Class Tim Gustafson, CARAT Public Affairs

RAYONG, Thailand - Sailors and Marines of the exercise Cooperation Afloat Readiness and Training (CARAT) landing force, embarked aboard USS Harpers Ferry (LSD 49), are making it an exercise to remember for 1,100 rural Thais who are receiving routine but critical medical and dental care.

Landing craft, air cushions (LCACs) provided the first and last legs of transportation for nearly 40 Landing Force CARAT (LF CARAT) Marines and Sailors participating in medical and dental civic action projects (MEDCAP and DENCAP) aimed at helping needy areas. U.S. Navy doctors and dentists, and their Marine Corps and Navy volunteers, made the amphibious trek to remote sites over a four-day period.

The first full day of CARAT, June 7, villagers with a wide range of ailments met the medical personnel at Wat Chag Mark School. The following day found the medical volunteers treating patients at Wat Hoay Pong School. The clinics convened at Wat Kracheat School June 9. The medical and dental projects wrapped up at Ban Takra Thong School June 10.

Many of the estimated 250 to 350 residents who came each day may have had to wait months, or years, to get the basic care they needed. Some might not have received it at all.

The free clinics are a substantial part of Navy and Marine Corps outreach here, and also highlight the cooperative spirit between the Thai and U.S. militaries.

"Our Thai counterparts had the sites already arranged," said Lt. Joe Carney, "green side" dentist for the LF CARAT medical and dental civic action project team during the project. In addition to treating scores of patients each day, Carney served as officer-in-charge (OIC) for the medical and dental outreaches.

"I can't stress enough how well organized the Royal Thai Navy has been," added Lt. Michael Monsour, Harpers

Ferry's senior medical officer. "They have been incredibly helpful and friendly."

As a part of MEDCAP, Monsour provided a big boost in the numbers of patients who could be treated. "He's basically doubled our medical capacity," noted Carney.

"The Thai doctors and medical personnel screened the patients as they came in and translated for us," said Lt. Shrinkanth Rangarajan, a dentist for LF CARAT. "Then we made the diagnoses and provided treatment. Most of the people who came in had rampant decay in their mouths, causing them a lot of pain."

Treatment for such cases is straightforward.

"We extract the teeth and give them some pain meds," said Rangarajan. "It should heal up in a couple of weeks. The source of the infection is gone."

Also providing care at each of the sites were Lt. Sabina Yun and Lt. Jeff Bleile, dental officer for LF CARAT. Assistants such as Dental Apprentice Eric Szablewski and Dental Technician 2nd Class Catherine Chavarria kept pace with the demanding sterilization needs.

"I basically assisted the dentists with teeth extractions," Szablewski said. He also helped set-up and break down the operating areas.

But more than just medical staff were required to make the MEDCAPS and DENCAPS successful. Cpl. Daryl Gray and Pfc. Brandon Krupka were just two of the Marines who stepped up to provide low profile, yet vital, support.

"We're responsible for keeping commo [communications] with the boat and maintaining perimeter security for the site," said Krupka. "Our first priority is to make sure we've got commo; our second priority is that the doctors get back in one piece."

Others assisted dentists chairside, including Marine Capt. David Standing. "I think this is a fantastic opportunity to come out and get away from our comforts," he said. "We've got a great group of Marines and Sailors here who are very giving."

LF CARAT is established annually by direction of the commanding general of the 3rd Marine Expeditionary Force (III MEF) in Okinawa, Japan, to support the annual CARAT exercise series. The landing force is drawn from a variety of Marine Corps units. Harpers Ferry is forward-deployed to Sasebo, Japan.

CARAT is a regularly scheduled series of bilateral military training exercises with several Association of Southeast Asian Nations (ASEAN) countries designed to enhance interoperability of the respective sea services. The Thailand phase began June 6 and ran for more than a week.

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Distinguished Visitors Tour Yokosuka's Stork's Nest

By Bill Doughty, U. S. Naval Hospital Yokosuka Public Affairs

YOKOSUKA, Japan - Shortly before her steak and lobster celebration lunch given to new mothers, Debbie Thomas was surprised by a group of visitors, including Mrs. Virginia Doran, wife of Adm. Walter F. Doran, Commander of the Pacific Fleet, and Naval Hospital Yokosuka Commanding Officer, Capt. Adam M. Robinson, Jr., Medical Corps

While visiting the facilities in Yokosuka, Doran also visited Yokosuka's Stork's Nest, along with Mrs. Donna Willard, wife of Vice Adm. Robert F. Willard, Commander, U.S. Seventh Fleet, and Mrs. Jan Chaplin, wife of Rear Adm. Robert C. Chaplin, Commander, U.S. Naval Forces Japan.

The Stork's Nest is available for beneficiaries who live far from Yokosuka but who choose to have their babies at the hospital. Families can stay together at the Stork's Nest, arriving shortly before their baby is due. It's a program that offers beneficiaries the same standard of care throughout the healthcare system. It's an example of Navy Medicine's commitment to "Family Centered Care."

"I'm very impressed with the Stork's Nest," said Mrs. Doran. "This is a wonderful program for families here in Japan."

"Talking to all of them was very nice and warm and made me feel special," said Thomas, who said she also was made to feel special when she stayed at the Yokosuka Stork's Nest, located several steps behind the Naval Hospital.

The hospital opened the first two rooms of the Stork's Nest last year and in May it celebrated its grand opening with one dozen rooms, a small community kitchenette, and a large living room space.

The Stork's Nest saves the military money in reduced medevacs and other expenses. Beneficiaries consider the Nest a customer service "plus."

"It's an awesome program," said Thomas.

The Thomases, including big sister Brianni, welcomed Garrin Christopher into the world on May 28.

"My first daughter I had in a civilian hospital. It was nice but it was not as personable. The customer service here has been great," said Thomas.

Many overseas Navy military treatment facilities also provide Stork's Nest accommodations for expectant mothers and families.

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Healthwatch: Spotting the Warning Signs of Stroke
By Operations Specialist 2nd Class Wendy Kahn, National Naval Medical Center Public Affairs

BETHESDA, Md. - Stroke is the third leading cause of death and the leading cause of adult disability among Americans, according to the American Heart Association. Each year, about 750,000 Americans have a stroke, and nearly 160,000 die from the disease.

Additionally, researchers believe as many as 10 million people have "silent" strokes annually that could lead to a decline in a person's functions over the course of time.

In an effort to combat the disease, Navy Medicine has worked over the years to employ state of the art methods to help treat patients having acute strokes and advancing strategies for stroke prevention.

"The most important thing to understand is that stroke is a treatable disease if you act in time," says Dr. Thomas DeGraba, director of the National Naval Medical Center, Bethesda, Md. Clinical Stroke Program.

Sudden numbness or weakness of the face, arm or leg, especially on one side of the body, is a warning sign of stroke. Other warning signs include sudden confusion, trouble speaking or understanding, and dizziness. Some stroke victims may also experience a loss of balance or coordination.

Eighty percent of strokes occur when a blood clot blocks a vessel that prevents blood from flowing to the brain.

A drug called TPA (tissue plasminogen activator) can be used to break up the clot and may reduce the effects of a stroke or even return the patient to normal, if given in the first three hours following the onset of the stroke.

Control of blood pressure, blood sugar and temperature are also essential after a stroke in reducing the effects the stroke has on the brain.

"It is critical to know the warning signs of a stroke, so if you see them in yourself or someone you are with, you can call 9-1-1 and seek emergency medical care immediately," says DeGraba. "There has been a misconception for years that stroke patients were not treatable, but we now know that with prompt action, many times, we can prevent permanent brain damage."

A number of different risk factors will put an individual at a higher risk than average for stroke. The greatest risk exists for people who have had previous strokes or TIAs (Transient Ischemic Attacks).

"Even if you have a TIA, symptoms that last for a short period, your risk of having a stroke in the following weeks and months is very high," explains DeGraba, "so it is important to seek immediate medical attention."

As for other factors, high blood pressure, high cholesterol levels, and diabetes are leading risk factors for developing atherosclerosis, which are plaques that block the major arteries of the body.

"Medications are available to effectively treat all of these risk factors and can significantly reduce the risk of stroke," adds DeGraba.

The risk to the general population is high, given that high blood pressure alone is present in approximately 25 percent of the U.S. population. A history of cardiac disease and irregular heart rhythm, such as atrial fibrillation, also puts one at high risk for stroke.

There are some steps everyone can take to try to reduce the risk of stroke. Regular exercise, watching your weight, quitting smoking, and avoiding excessive alcohol consumption can help maintain good health and minimize the risk of stroke.

For more information about stroke, visit the American Stroke Association Web site at www.strokeassociation.org.

Editor's Note: June is National Stroke Awareness Month.

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